

**IMPORTANT INFORMATION FOR ANNUITY
CONTRACTS IN A RETIREMENT PLAN OR IRA**

IRA OWNER _____

DATE _____

The above-referenced plan IRA Owner will on behalf of an individual retirement annuity (“IRA”), as defined in section 408(a) of the Internal Revenue Code of 1986, as amended (“Code”) will purchase one or more insurance contracts (“Policy” or “Policies”). Commissions and/or fees, as described below, will be paid by the Insurance Company to an agent, broker or consultant (“Agent”) in connection with the IRA’s purchase of the Policy or Policies.

This disclosure, as well as the IRA Owner’s authorization, is required by the Department of Labor. As used in this document, the use of “you” or “your” refers to the IRA Owner who purchases a Policy or Policies on behalf of the IRA.

Relationship to Insurance Company

Your Agent is properly licensed to represent the Insurance Company. However, your Agent is independent of the Insurance Company and its affiliates. The Insurance Company and its affiliates do not restrict the insurance products that your Agent sells or recommends and does not monitor or supervise your Agent. Your Agent may not make any representations or accept any responsibilities on behalf of the Insurance Company that are not expressly contained in the Insurance Company’s Policy or Policies. Your Agent may not waive or modify any terms of your Policy or Policies.

Commission

The commission the agent receives for the sale of this insurance or annuity contract to you is _____ percentage of gross annual premium in the first year and _____ subsequent years.

Other Fees and Expenses

• The following description of any other charges (including transaction fees, and administrative charges such as wire transfer fees), fees, discounts, penalties, or adjustments which may be imposed in connection with purchase, holding, exchange, termination, or sale of the recommended Policy or Policies is as follows (If none write **NONE**):

¹ Note to Agent: You should be specific in your description of any other charges, fees, discounts, penalties, or adjustments which may be imposed in connection with purchase, holding, exchange, termination, or sale of the recommended Policy or Policies.

**A copy of this form must be left with the Annuity Owner and a copy kept
on file by Agent for a minimum of 6 years. Form is not for use after 12/31/17.**

Acknowledgment and Authorization

I am the owner of the IRA with authority to authorize and approve the purchase of the Policy or Policies to provide benefits under the IRA and the Insurance Company's payment of commissions and fees to the Agent. I hereby confirm that:

- (a) I have not received and shall not receive, directly or indirectly, any commissions or other consideration from any party dealing with the IRA, as a result of IRA's purchase of the Policy or Policies.
- (b) I am not the Agent or any person directly or indirectly controlling, controlled by, or under common control with the Agent or the Insurance Company.
- (c) I am not an officer, director, employee or partner of the Agent or the Insurance Company or any corporation or partnership of which the Agent or the Insurance Company is an officer, director, employee or partner.
- (d) I am not a relative of the Agent (including spouse, direct descendant, spouse of a direct descendant, ancestor, brother, sister, or spouse of a brother or sister).
- (e) I understand that the Agent, not the Insurance Company, has provided "investment advice" as such term is defined in the Code or other applicable law in connection my purchase of the Policy or Policies.

I HEREBY ACKNOWLEDGE RECEIPT OF THE INFORMATION CONTAINED IN THIS DISCLOSURE AND AUTHORIZE (1) THE PURCHASE OF THE POLICY OR POLICIES, AND (2) THE INSURANCE COMPANY'S PAYMENT OF COMMISSIONS AND FEES TO THE AGENT IN CONNECTION WITH THIS PURCHASE.

X

IRA Owner

X

Agent

A copy of this form must be left with the Annuity Owner and a copy kept on file by Agent for a minimum of 6 years. Form is not for use after 12/31/17.